

CITY OF NORMAN

APPLICATION FOR MEDICAL MARIJUANA FACILITY

TYPE OF FACILITY: (Check all applicable)

DISPENSARY _____
GROWER _____

PROCESSOR _____
RESEARCH _____

Name of Business _____

Location Address _____

Zip Code

Business Telephone Number _____

Name of Owner* (if Corporation or partnership, state name)

Mailing Address _____

City State Zip Code

State Sales Tax Permit Number (Dispensaries Only) _____

Contact Telephone Number _____

Email Address _____

All provisions regarding zoning requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a medical marijuana facility license.

Date:
Planning Department 201 West Gray, Building "A" 366-5432

Issuance of this license does not foreclose occupant's responsibility to ensure proper occupancy and use of the subject premises. Occupant is responsible to verify that its occupancy, operations and use comply with, and that it has obtained proper inspections pursuant to, the City Code, including but not limited to applicable building and fire codes. For questions regarding requirements applicable to a subject premises, please contact the Development Services Division, 405-366-5432.

Requirements: Must submit copy of State License(s) prior to issuance of City License(s) as well as all information submitted to the Oklahoma Department of Health and/or the Oklahoma Medical Marijuana Authority.

Applicant's Signature

(Office Use Only)

City License No. _____ Date Issued _____

TO BE COMPLETED IF CORPORATION OR PARTNERSHIP

OFFICERS (Name)

MAILING ADDRESS

TELEPHONE NUMBER
